

Form CPF M 102: Campaign Finance Report Municipal Form GRAFTON, MA

Office of Campaign and Political Finance 2018 MAR 12 AM 10: 03

File with: City or Town Clerk or Election Commission **Ending Date:** Fill in Reporting Period dates: Beginning Date: 9 2017 Type of Report: (Check one) 30 day after election 8th day preceding preliminary 8th day preceding election year-end report dissolution Schetman Grafton Office Sought and District Phone # (optional): 508-320> Phone # (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report \$25.00 Line 2: Total receipts this period (page 3, line 11) \$ 6,00 \$25.00 Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) \$0.00 Line 5: Ending Balance (line 3 minus line 4) \$25,00 Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Home field Credit Union Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Date: June 15, 2011 Signed under the penalties of perjury: (Treasurer's signature) FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Date: (Candidate's signature) Signed under the penalties of perjury:

SCHEDULE A: RECEIPTS

year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year. M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

report all receipts. Please include your committee name and a page number on each page.)

Line 11: TOTAL	Line 10: Total Reco	Line 9: Total Rece							Date Received
Line 11: TOTAL RECEIPTS IN THE PERIOD	Line 10: Total Receipts \$50 and under* (not listed above)	Line 9: Total Receipts over \$50 (or listed above)							Name and Residential Address (alphabetical listing required)
8									Amount
← Enter on page 1, line 2	, ==-								Occupation & Employer (for contributions of \$200 or more)

If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

	SCHEP CHE A: A	ECEII ID (co.	mined)
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Rece	Total Receipts over \$50 (or listed above)		
Line 10: Total Reco	Line 10: Total Receipts \$50 and under* (not listed above)		
Line 11: TOTAL	11: TOTAL RECEIPTS IN THE PERIOD	\$0	Enter on page 1, line 2

If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together. from committee records, and reported on line 13.

report all expenditures. Please include your committee name and a page number on each page.) (A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

		2274				-	 		
									Date Paid (8
Enter on page 1, line 4 →									l ==
Line 14: TOTAL EXPENDITURES IN THE PERIOD	Line 13: Total Expenditures \$50 and under* (not listed	Line 12: Total Expenditures over \$50 (or listed above)							To Whom Paid phabetical listing) Address Purpos
CURES IN THE PERIOD	0 and under* (not listed above)	ver \$50 (or listed above)							Purpose of Expenditure
\$			Try II II						Amount

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

SCHEDULE B: EXPENDITURES (continued)

									Date Paid
Enter on page 1, line 4 →									To Whom Paid (alphabetical listing)
Line 14: TOTAL EXPENDITURES IN THE PERIOD	Line 13: Expenditures \$50 and under* (not listed above)	Line 12: Expenditures over \$50 (or listed above)							Address
TURES IN THE PERIOD	under* (not listed above)	0 (or listed above)							Purpose of Expenditure
\$0									Amount

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

									Date Received
Enter on page 1, line 6 \rightarrow									From Whom Received*
Line 17: TOTAL IN-KIND CONTRIBUTIONS	Line 16: In-Kind Contributions \$50 & under (not listed	Line 15: In-Kind Contribution							Residential Address
ONTRIBUTIONS	\$50 & under (not listed above)	15: In-Kind Contributions over \$50 (or listed above)							Description of Contribution
\$0									Value

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

								Date Incurred
Enter on page 1, line 7 →								To Whom Due
Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)								Address
DING LIABILITIES (ALL)								Purpose
\$0								Amount